

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-476)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2						
3						
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49						
60						
TOTAL NO.	5					
TOTAL DEF.	20					
TOTAL	25					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.						
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